(c) Government has already opened one dispensary in Chennai through CGHS. Under the Centrally Sponsored Scheme of Hospitals; and dispensaries funds to the tune of Rs. 1,510.00 lac were provided to the Government of Tamil Nadu during 2003-2004 to 2005-2006 for opening of 151 Siddha speciality clinics in allopathic PHCs/CHCs in Tamil Nadu. Other States can also avail of assistance under this scheme for opening Siddha clinics.

Spread of Encephalitis in Delhi

†2959. SHRI BALAVANT *ALIAS* BAL APTE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether encephalities is spreading in Delhi;

(b) if so, the details of the cases came into light from November, 2005 to March, 2006; and

(c) if so, the measures being taken by Government keeping in view the large number of deaths due to the said fever?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) As per the report received from the Directorate of Health Services, Delhi, only 2 cases and nil deaths due to suspected Japanese Encephalitis (JE) were reported from November, 2005 to March, 2006.

Government of India is implementing comprehensive National Vector Borne Diseases Control Programme (NVBDCP) in the entire country for prevention and control of vector borne diseases namely Malaria, Filaria, Kala-azar, Japanese Encephalitis (JE) and Dengue.

Strategies for prevention and control of JE are given below:—

- Early diagnosis and case management.
- Integrated vector control with emphasis on personal protection segregation/mosquito proofing of pigsites.
- Behaviour Change Communication for community participation.
- Inter-sectoral convergence.

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†Original notice of the question was received in Hindi.

- Capacity building through training.
- Operational research.
- Monitoring and Evaluation.

Maternal deaths in Rajasthan

2S60. DR. GYAN PRAKASH PILANIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of maternal deaths in the country during the last three years, State-wise and year-wise;

(b) the break-up of maternal deaths, neo-natal and post-natal-wise during this period;

(c) how does India compare with other neighbouring/ASEAN/developed countries, in this regard;

(d) how does Rajasthan compare with other States in this regard;

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(e) whether any policy has been formulated/targeted for safe motherhood; and

(f) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) State-wise data on number of Maternal deaths and the break up of maternal deaths, neonatal and post natal wise are not available. However, Maternal Mortality Rates as estimated for major states by the Registrar General of India for the year 1998 is given in the Statement-I (See below). Rajasthan has the second highest maternal mortality rate among the states in the country. The Maternal Mortality Rates for the neighboring countries, ASEAN countries and some developed countries as published in the World Health Organisation's Publication—"World Health Report, 2005" is at Statement-ll (See below).

(e) and (f) Maternal Health including Safe Motherhood is an integral part of the Family Welfare Programme since its inception. In 1992, the nationwise Child Survival and Safe Motherhood (CSSM) Programme (1992--97) was launched with World Bank support, for integrating various vertical interventions in the areas of Maternal and Child Health. The Reproductive and Child Health (RCH) Programme, was launched in 1997